

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90196 014 ***550.00

DOCUMENT # P01000012406

1. Entity Name
DAVID J. GROSS, M.D., P.A.

Principal Place of Business
**1100 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32086**

Mailing Address
**1100 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32086**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3693728

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAILEY, JOHN D JR
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
GROSS, DAVID J MD
1100 S. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32086** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
TAYLOR & WAINIO, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

973286
PO 1000012406

120 STATE ROAD 312 WEST
SUITE ONE
SAINT AUGUSTINE, FLORIDA 32086

DAIL A. TAYLOR, CPA
FREDRICK J. WAINIO, JR., CPA

TELEPHONE (904) 829-9075
FACSIMILE (904) 824-0839

August 2, 2002

David J. Gross, M.D.
David J. Gross, M.D., P.A.
1100 S. Ponce De Leon Blvd.
St. Augustine, FL 32086

Re: Uniform Business Reports (3)

Dear Dr. Gross:

Enclosed are three Uniform Business Reports for your businesses which must be filed as soon as possible to avoid further late fees. The amounts due are indicated on the reports.

Sincerely yours,

Fred Wainio

Fredrick J. Wainio Jr.

Dear Sir - I never received the initial notice. It's a new corporation. Is there any way you can reduce the penalty?

Thank you

D Gross MD